as defined in ALA CODE 7-9-105(n). Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer to: filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
AMERICAN GENERAL FINANCE	
P.O. BOX 411	
FAIRFIELD AL 35064	
.	
Pre-paid Acct. #	
Name and Address of Debtor (Last Name First if a Person)	- ∤
	,
KING MICHAEL	
106 Greenwing Circle	
PELHAM AL 35124	
Social Security/Tax ID #	
L Name and Address of Debtor (RF ANY) (Last Name First if a Person)	→ OT → 大学 20 20 20 20 20 20 20 20 20 20 20 20 20
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	`` <u>`</u> `
Social Security/Tax ID #	→
Additional debtors on attached UCC-E	<u></u>
SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
AMERICAN GENERAL FINANCE	
P.O. BOX 411	
FAIRFIELD AL 35064	•
Social Security (Toy to #	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
☐ This statement refers to original Financing Statement bearing File No. 30,890	
Filed withJUDGE_OF_PROBATE	Date Filed 2/25 19 92
Continuation. The original financing statement between the foregoing Debtor and Secured Po	Party, bearing file number shown above, is still effective.
Termination. Secured Party no longer claims a security interest under the financing statement. Partial or The Secured Party's right under the financing statement bearing file number st	
Full property described in item 11 or to all of the property listed on this file, is assign	
Assignment. whose name and address appears in item 4. Amendment Financing statement bearing file number shown above is amended as set forth	h in item 11.
Partial Secured Party releases the collateral described in item 11 from the financing st Release number shown above.	
Travelase Number Strowth Above.	
	11A. Enter Code(s) From Back of Form That
ADEMCO SECURITY SYSTEM	Best Describes The Collaboral Covered
CONTROL COMMUNICATOR	By This Filling:
NUMERIC KEYPAD	
SMOKE DETECTOR	· ————————————————————————————————————
DOOR/WINDOW transmitter	
keypad	
SHATTER BOX	
SIREN	
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Significate(s) of Secured Party(life)
	MARCHE COMO 15
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(les) AMERICAN GENERAL FINANCE
Type Name of Individual or Business	Type Name of Individual or Business
PULL-A-PART BUSINESS FORMS PHONE 1-800-441-1020	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabams
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